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APPLICANTS

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** CONTINUING DATA ***** None (M.H.)

** FOREIGN APPLICATIONS ***** None (M.H.)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY AZ	SHEETS DRAWING 7	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 5
Verified and Acknowledged	Examiner's Signature <u>M.H.</u> Initials _____				

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TITLE

Dual-band lens

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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